

EXHIBIT 2

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
SOUTHERN DIVISION**

ASD SPECIALTY HEALTHCARE, INC. d/b/a
ONCOLOGY SUPPLY COMPANY
2801 Horace Shepard Drive
Dothan, Alabama 36303,

CIVIL ACTION

Plaintiff,
v.

NO.: 1:05cv592 - T

ROBERT G. HICKES, M.D.
1301 Trumansburg Road
Suite Q
Ithaca, NY 14850,

Defendant.

**PLAINTIFF'S FIRST SET OF REQUESTS FOR ADMISSIONS ADDRESSED TO
DEFENDANT ROBERT G. HICKES, M.D.**

TO: ROBERT G. HICKES, M.D.
C/o Ellis Brazcel, III, Esquire
Walston, Wells, Anderson & Birchall L.L.P
1819 5th Avenue North, Suite 1100
Birmingham, Alabama 35203

Pursuant to Rule 36 of the Federal Rules of Civil Procedure, the Plaintiff, by and through its undersigned attorneys, directs the following requests for admissions to the Defendant Robert G. Hickes, M.D. ("Hickes"). Pursuant to the Federal Rules of Civil Procedure, you are hereby notified to provide written answers under oath to the following Requests. Your answers must be filed within thirty (30) days after the service of these Requests upon you. Failure to file answers will result in each Request being admitted. Your answers shall admit or deny the matter or set forth in detail reasons why you cannot truthfully do so. A denial shall fairly meet the substance of the requested admission. If you must qualify an answer or deny only part of the matter of



which an admission is requested, you shall specify so much of it as is true and qualify or deny the remainder. You may not give lack of information or knowledge as a reason for failure to admit or deny unless it is stated that reasonable inquiry has been made and that the information known to you or readily obtainable by you is not sufficient to enable you to admit or deny.

I. DEFINITIONS

As used in these Requests, the following terms shall have the meaning set forth below:

A. "Plaintiff" means the plaintiff, ASD Specialty Healthcare Inc. d/b/a Oncology Supply Company, and its predecessors-in-interest, and any officers, partners, agents, representatives and/or employees of any of them.

B. "Hickes" means Robert G. Hickes, M.D., and his agents, representatives and/or employees.

C. "You" or "your" means Hickes.

D. "Defendant" shall mean Hickes.

E. "The Action" shall mean the above-captioned action in which a complaint was filed against the Defendant.

F. "The Complaint" shall mean the Complaint, at the above-captioned docket number.

G. "The Answer" shall mean the answer to the Complaint, filed by the Defendant on or about August 26, 2005.

H. "The Interrogatories" shall mean the Plaintiff's First Set of Interrogatories addressed to the Defendant.

I. "The Admissions" shall mean the Plaintiff's First Set of Requests for Admissions Directed to the Defendant.

J. "Person" means any natural individual or any corporation, firm, partnership, proprietorship, association, joint venture, governmental entity or any business organization or any other entity.

K. "Document" means any kind of written or graphic material, however produced or reproduced, of any kind or description, whether sent or received or neither, which is in your possession, custody and/or control, including originals, non-identical copies, and drafts and both written sides of such material, including but not limited to any and all written, filmed, graphic and audio or visually recorded matter of every kind and description however produced or reproduced, whether draft or final, original or reproduction, whether performed or reproduced or on paper, cards, tapes, film, electronic facsimile, electronic mail, computer storage devices, or any other media, including but not limited to, papers, books, letters, writings, magazines, advertisements, periodicals, bulletins, circulars, pamphlets, statements, notices, reports, rules, regulations, directives, teletype messages, photographs, objects, tangible things, correspondence, telegrams, cables, telex messages, interoffice communications, interoffice communications, memoranda, notes, notations, records, work papers, transcripts, minutes, reports and recordings of telephone or other conversations, or of interviews, conferences, meetings, affidavits, statements, CD ROM, floppy or hard disks, charts, graphs, specifications, drawings, blueprints, summaries, opinions, proposals, reports, studies, analyses, audits, evaluations, contracts, agreements, covenants, understandings, permits, licenses, journals, statistical records, ledgers, books of account, bookkeeping entries, financial statements, tax returns, vouchers, checks, check stubs, invoices, receipts, desk calendars, appointment books, diaries, lists, tabulations, summaries, time sheets, logs, sound output, microfilms, microfiches, all records kept by electronic, photographic or mechanical means, tapes, computer tapes, tape recordings, computer

printouts, input-output computer systems and all other informal or formal writing or tangible things on which any handwriting, typing, printing, sound signal impulse or symbol is recorded or reproduced and any and all amendments or supplements to any of the foregoing whether prepared by you or any other person, and all things similar to any of the foregoing documents. If a document is referred to, the reference shall include, but shall not be limited to, the original and each and every copy and draft thereof differing in any way from the original, if an original exists, or each and every copy and draft if no original exists.

I.. "Concerning" means relating to, referring to, describing, evidencing, regarding or constituting.

M. "Communication(s)" means any manner of transmitting or receiving information, opinions or thoughts, whether orally, in writing or otherwise.

N. "All documents" means any and all documents as defined above that are known to you or that can be located or discovered by your reasonably diligent efforts.

II. RULES OF CONSTRUCTION

A. "All" and "each" shall be construed as both all and each.

B. The connective "and" and "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the discovery requests all responses that otherwise might be construed to be outside of its scope.

C. The singular includes the plural and vice versa.

III. INSTRUCTIONS

- a. Answer each Request separately and fully unless you object to it, in which case you should specifically state the reason for your objection.
- b. To the extent you object in part to any Request, answer that part of the request in question to which no objection is asserted.
- c. In answering these Requests, you should furnish all information available to you at the time of answering.
- d. Unless otherwise stated, the relevant time period (the "Relevant Period") covering each Request is from January 1, 2003, to the current time.
- e. Where precise or exact information, data or dates are not available or known, state approximate information data or dates and state that you have done so.
- f. When identifying an individual, state his or her full name; current or last known address; current or last known employer; title or job designation; and an employer and title or job designation at the time of the events referred to in the interrogatory or your answer to it.
- g. In addition, state the person whom the individual was representing or for whom the individual was acting, if any.
- h. When identifying a business organization or governmental entity, state its name and address and the name and address of each of its agents who acted for it with respect to the matters relating to the Request in question and your relationship with it.
- i. Whenever you answer a Request on information and/or belief, state the source of your information and/or the basis for your belief.
- j. In each instance where you deny knowledge and/or information sufficient to answer any part of a Request, state the name and address of each person, if any, known or believed to have such knowledge and/or information.

REQUEST FOR ADMISSION NO. 1

Admit that, beginning in 2004, Hickes ordered and received from Plaintiff medical, pharmaceutical and other products on an ongoing basis.

REQUEST FOR ADMISSION NO. 2

Admit that, as of March 31, 2005, the total principal balance due to Plaintiff from Hickes for goods shipped to or for the benefit of Hickes was in excess of \$177,253.77.

REQUEST FOR ADMISSION NO. 3

Admit that the invoices attached hereto as Exhibit "A" are true and correct copies of invoices received by you.

REQUEST FOR ADMISSION NO. 4

Admit that the items listed on the invoices attached hereto as Exhibit "A" were received by you from the Plaintiff.

REQUEST FOR ADMISSION NO. 5

Admit that you have never objected to the amounts set forth in any of Plaintiff's invoices attached hereto as Exhibit "A."

REQUEST FOR ADMISSION NO. 6

Admit that the invoices attached hereto as Exhibit "A" reflect the amounts you owe to the Plaintiff.

REQUEST FOR ADMISSION NO. 7

Admit that you have not paid any of the amounts shown on the invoices attached hereto as Exhibit "A."

REQUEST FOR ADMISSION NO. 8

Admit that, as of March 31, 2005, Hickes could not pay his bills as and when they came due.

REQUEST FOR ADMISSION NO. 9

Admit that Plaintiff invoiced Hickes for medical and pharmaceutical supplies.

REQUEST FOR ADMISSION NO. 10

Admit that you know of no facts that would constitute a waiver by Plaintiff of its right to bring the Action against you.

REQUEST FOR ADMISSION NO. 11

Admit that you know of no facts that would estop Plaintiff from bringing the Action against you.

REQUEST FOR ADMISSION NO. 12

Admit that there is no course of performance or course of dealings between Plaintiff and Hickes that would constitute a modification or waiver of the payment obligations alleged in the Complaint.

REQUESTS FOR ADMISSION NO. 13

Admit that you know of no facts that would constitute lack of consideration on the part of Plaintiff in its dealings with Hickes.

REQUEST FOR ADMISSION NO. 14

Admit that you know of no facts that support your claim that there is a lack of personal jurisdiction over you.

REQUEST FOR ADMISSION NO. 15

Admit that when you ordered products from Plaintiff, you knew that you could not pay for these products.

REQUEST FOR ADMISSION NO. 16

Admit that you are a citizen of New York with an address of 1301 Trumansburg Road, Suite Q, Ithaca, New York 14850.

REQUEST FOR ADMISSION NO. 17

Admit that you communicated with and solicited business with the Plaintiff.

REQUEST FOR ADMISSION NO. 18

Admit that you negotiated with the Plaintiff.

REQUEST FOR ADMISSION NO. 19

Admit that you requested that the Plaintiff ship products to you.

REQUEST FOR ADMISSION NO. 20

Admit that you submitted documents to the Plaintiff.

REQUEST FOR ADMISSION NO. 21

Admit that you contracted with the Plaintiff.

REQUEST FOR ADMISSION NO. 22

Admit that you requested Plaintiff to sell and deliver pharmaceutical and other products to you on open account.

REQUEST FOR ADMISSION NO. 23

Admit that you failed and refused and continue to fail and refuse to make payment to Plaintiff in accordance with your obligations despite the fact that Plaintiff sent the invoices attached hereto as Exhibit "A" to you and demanded payment from you.

REQUEST FOR ADMISSION NO. 24

Admit that you breached the terms of the agreement between you and the Plaintiff.

REQUEST FOR ADMISSION NO. 25

Admit that the summary attached hereto as Exhibit "B" accurately reflects the outstanding principal balance owed by you to the Plaintiff.

BURR & FOREMAN, LLP

By:


James R. Robinson (ROB 013)
Heath A Fite (FIT 011)

Attorneys for Plaintiff

OF COUNSEL:

BURR & FORMAN LLP
3100 SouthTrust Tower
420 North 20th Street
Birmingham, Alabama 35203
Telephone: 205-251-3000
Facsimile: 205-458-5100

CERTIFICATE OF SERVICE

I hereby certify that on the 18th day of October, 2005, I caused a true and correct copy of Plaintiff's First Set Of Requests For Admissions Addressed To Robert G. Hickes, M.D. to be served on the following by hand delivery:

Ellis Brazcel, III, Esquire
Walston, Wells, Anderson & Birchall LLP
1819 5th Avenue North, Suite 1100
Birmingham, Alabama 35203


Heath C. Brazel
Of Counsel

EXHIBIT "A"



P O Box 2001
Dolan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010827692

01-04-2005	1 of 2	ALPHA
------------	--------	-------

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE	ACCOUNT NUMBER	SHIP TO ADDRESS	TERMS
320603986	A 000030075	C 000030075	OSC
01-04-2005	B 000030075	D 000030075	030

2% 15, 1% 45, Net 75 Days

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
10	1620	ANZOMET 100MG PF SOV 5ML NDC # - 00008-1208-32	40.21 EA TAX:	723.70 0.00
1	12832	BD NEEDLE 21G 1" 51G5 100/BX NDC # - 08290-3051-65	5.17 BX TAX:	5.17 0.00
1	11548	CISPLATIN P/F 50MG MDV 50ML NDC # - 63323-0103-6	10.21 EA TAX:	10.21 0.00
3	24941	FLUDARABINE 50MG/2ML SOL. NDC # - 00703-4852-11	264.54 EA TAX:	793.62 0.00
1	25473	PACITAXEL INJ 100MG MDV NDC # - 55300-0114-20	56.30 EA TAX:	56.30 0.00
1	10510	PROCRI 10M UN/ML VI. 6X1ML NDC # - 58678-0310-01	608.43 pk TAX:	608.43 0.00

Comments:

AMOUNT DUE	11,550.01
TOTAL PAYMENT	0.00

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

If postmarked by 01-19-2005 Pay \$ 11319.01
 If postmarked by 02-18-2005 Pay \$ 11434.51
 If postmarked by 03-20-2005 Pay \$ 11550.01
 If postmarked after 03-20-2005 Pay \$ 11665.51
 Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

CUSTOMER NUMBER	000030075
INVOICE NUMBER	13010827692
INVOICE DATE	01-04-2005
AMOUNT DUE	\$ 11,550.01
PAYMENT DATE	03-20-2005

Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER	
AMOUNT PAID	\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010827692000001155001000000032020050



P.O. Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1868

ADDRESS SERVICE REQUESTED

INVOICE

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE	ACCOUNT NUMBER	TYPE	CUSTOMER	Salesperson	DEPT	CUSTOMER PAY TERMS
320803886	A 000030075	C 000030075	OSC	DOT077	DOT020	
01-04-2005	B 000030075	D 000030075	Q30			2% 15, 1% 45, Net 75 Days

ADJ/ADDITIONAL QUANTITY ADDED/REFILL	QUANTITY SHIPPED	ITEM NUMBER	ITEM NUMBER	CLASS	DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1	1	0	11320	RX	PROCIT 20MUN/ML MDV 6X1ML NDC # -- 58876-0320-01	1216 86	pk TAX:	1216 .06 0 .00
2	2	0	10982	RX	PROCIT 40M UN/ML VL 4X1ML NDC # -- 58876-0340-01	1622 48	pk TAX:	3244 .96 0 .00
	1	0	12254	RX	800 CHL 0.8% PF 25X50ML NDC # -- 00074-4888-50	18 69	pk TAX:	18 .69 0 .00
5	5	0	11381	RX	TAXOTERE 20MG/.5ML SDV 0.5ML NDC # -- 00075-8001-20	282 22	EA TAX:	1411 .10 0 .00
1	1	0	11380	RX	TAXOTERE 40MG/ML(80MG) SDV 2ML NDC # -- 00075-8001-80	1128 86	EA TAX:	1128 .06 0 .00
3	3	0	20328	RX	ZOMETA INJ 4MG/5ML VIAL NDC # -- 00078-0387-25	777 23	EA TAX:	2331 .69 0 .00

12,550 01

8 8 8

AMOUNT DUE

11 550 91



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010833374

01-10-2005	1 of 1	ALPHA
------------	--------	-------

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE		ACCOUNT NUMBER		CARRIER DOCUMENT		SALESPERSON		CUSTOMER INFORMATION	
320807618	A 000030075	C 000030075	OSC	DOT080	DOT020				
01-10-2005	B 000030075	D 000030075	030					2% 15, 1% 45, Net 75 Days	

ITEM NUMBER		QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
2	2	0	12984	RX ADRIAMYCIN 50MG USP SDV 25ML NDC # -- 55390-0237-01	37.11 EA TAX:	74.22 0.00
1	1	0	21618	RX NEULASTA 6MG/0.6ML SYR NDC # -- 55513-C190-01	2388.03 EA TAX:	2388.03 0.00
2	2	0	24648	RX PACLTAXEL INJ 100MG/16.7ML NDC # -- 61703-0342-22	56.38 EA TAX:	112.76 0.00
	1	0	22162	RX PAMIDRONATE LIQ 8MG/ML SDV10ML NDC # -- 63323-0735-10	170.10 EA TAX:	170.10 0.00
3	3	0	10982	RX PROCRIT 40M UN/ML VL 4X1ML NDC # -- 59676-0340-01	1622.48 pk TAX:	4867.44 0.00
6	6	0	11301	RX TAXOTERE 20MG/5ML SDV 0.5ML NDC # -- 00075-8001-20	282.22 EA TAX:	1693.12 0.00

Comments:

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

If postmarked by 01-25-2005 Pay \$ 9119.76
 If postmarked by 02-24-2005 Pay \$ 9212.82
 If postmarked by 03-26-2005 Pay \$ 9305.87
 If postmarked after 03-26-2005 Pay \$ 9398.92
 Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date



Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER
AMOUNT PAID \$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

Customer Number	000030075
Invoice Number	13010833374
Invoice Date	01-10-2005
Amount Due	\$ 9,305.87
Bill To Date	03-28-2005

00003007513010833374000000930587000000032620056



P O. Box 2001
Duluth, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010841697

01-18-2005 1 of 2 ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE	CUSTOMER NUMBER	CUSTOMER NAME	SALES PERSON	SHIP TO ADDRESS	CUSTOMER TERMS
320612613	A 00003C075	C 000030075	OSC	DOT095	DOT020
01-18-2005	B 000030075	D 000030075	030		2% 15, 1% 45, Net 75 Days

DESCRIPTION	ITEM NUMBER	QTY	UNIT OF MEASURE	EXTENDED PRICE
CHAMANTICOLAN 100MG VIAL 10X1ML	11153	RX	D'PHENHYDRAMINE 50MG VL 25X1ML NDC # - 00641-0376-25	20 10
NEULASTA 6MG/0.6ML SYR	21618	RX	NDC # -- 55513-C180-01	2088 03
NRUPOGEN 300MCG VL 10X1 ML	11303	RX	NDC # -- 55513-0530-1C	1706 33
PROCRIT 40M UN/ML VL 4X1ML	10982	RX	NDC # -- 59676-0340-01	1622 48
TAXOTERE 20MG/5ML SDV 0.5ML	11361	RX	NDC # -- 00075-B001-20	202 22
TAXOTERE 40MG/ML(80MG) SDV 2ML	11380	RX	NDC # -- C0075-B001-80	1128 86

Comments:

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1FH1EPBFQ12

If postmarked by 02-02-2005 Pay \$ 14119.55
 If postmarked by 03-04-2005 Pay \$ 14263.63
 If postmarked by 04-03-2005 Pay \$ 14407.70
 If postmarked after 04-03-2005 Pay \$ 14551.77
 Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

STUB NUMBER	000030075
INVOICE NUMBER	13010841697
INVOICE DATE	01-18-2005
AMOUNT DUE	\$ 14,407.70
DUUE DATE	04-03-2005



Please indicate payment amount and check number in the boxes provided

CHECK NUMBER	
AMOUNT PAID	\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

000030075130108416970000001440770000000040320051



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1865

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010841697

01-18-2005 2 of 2 ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER NUMBER	DATE	AMOUNT	NUMBER	TYPE	CURRENT STATUS	REFRESHMENT PERIOD	CUSTOMER POLYTERM
320612613	A COCO30075	C 000030075	OSC	DOT095	DOT020		
01-18-2005	B 000030075	D 000030075	030				2% 15, 1% 45, Net 75 Days

QUANTITY ORDERED	QUANTITY SHIPPED	ITEM NUMBER	GRADE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
3	3	0	23328	RX ZOMETA INJ 4MG/5ML VIAL NDC # - 00078-0387-25	777.23 EA	2331.69 0.00

SUBTOTAL	14,407.70
TAX	0.00
AMOUNT DUE	14,407.70



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2440 (Fax)
FEIN: 33-0800482

2022-1066

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010847488

01-24-2005 1 of 2 ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER #	DATE	ACCT/CONTRACT NUMBER	CUST/CUSTOMER NUMBER	SALES PERSON	DEPT	NET CUSTOMER PAY TERMS
320618082	A 000030075	C 000030075	OSC	DOT096	DOT020	
01-24-2005	B 000030075	D 000030075	030			2% 15, 1% 45, Net 75 Days

QUANTITY	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	22004	FASLODEX 250MG PF SYR 1X5ML NDC # --00310-0720-50	816.97	816.97
2	24841	FLUDARABINE 50MG/2ML SOL NDC # --007C3-4052-11	264.54	529.08
1	23981	HERCEPTIN 440MG MDV 20ML NDC # --50242-0134-60	2255.63	2255.63
1	21618	NEULASTA 0.6MG/0.6ML SYR NDC # --55513-0190-01	2380.03	2380.03
1	10510	PROCRIT 10M UN/ML VL 6X1ML NDC # --59676-0310-01	608.43	608.43
1	11320	PROCRIT 20MUN/ML MDV 6X1ML NDC # --59676-0320-01	1216.86	1216.86

Comments:

* A Division of AmbrisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

If postmarked by 02-08-2005 Pay \$ 14434.23
 If postmarked by 03-10-2005 Pay \$ 14581.52
 If postmarked by 04-09-2005 Pay \$ 14728.80
 If postmarked after 04-09-2005 Pay \$ 14876.08
 Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

TOTAL DUE	14,728.80
TAX	0.00

AMOUNT DUE 14,728.80

1FN1ETG33.12

DISC/ALLOWANCE NUMBER	000030075
INVOICE NUMBER	13010847488
INVOICE DATE	01-24-2005
AMOUNT DUE	\$ 14,728.80
DUUE DATE	04-09-2005



Please indicate payment amount and check number in the boxes provided

CHECK NUMBER
AMOUNT PAID \$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75287-6554

0000300751301084748800000147288000000040920055



P O Box 2001
Dolan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010847488

01-24-2005

2 of 2

ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE / PAYMENT ACCOUNT NUMBER / PAYMENT CODE / PAYMENT PERSON / DEPT / CUSTOMER ITEM NUMBER						2022-1866-1EN1E07BN000224
320616082	A 000030075	C 000030075	OSC	DOT096	DOT020	
01-24-2005	B 000030075	D 000030075	030			2% 15, 1% 45, Net 75 Days

QUANTITY	GRANULES	ITEM NUMBER	DESCRIPTION	UNIT PRICE	TOTAL PRICE	EXTENDED PRICE
2	2	0	10982 RX PROCRIT 40M UN/ML VI 4X1ML NDC # - 58670-0340-0!	1622.40	pk TAX:	3244.96 0.00
8	9	0	11301 RX TAXOTERE 20MG/5ML SDV 0.5ML NDC # -- 00075-8001-20	282.22	EA TAX:	2519.98 0.00
	1	0	11380 RX TAXOTERE 40MG/ML(80MG) SDV 2ML NDC # -- 00075-8001-80	1128.86	EA TAX:	1128.86 0.00

SUBTOTAL	14,728.60
TAX	0.00
AMOUNT DUE	14,728.60





P O Box 2001
Dolan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1865

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO 13010848927

01-25-2005 1 of 1 ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE		ACCOUNT NUMBER		ITEM DESCRIPTION		CUST. TERMS	
320816082	A 000030075	C 000030075	OSC	DOT096	DOT020		
01-24-2005	B 000030075	D C00030075	030			2% 15, 1% 45, Net 75 Days	

QUANTITY ORDERED	QUANTITY SHIPPED	ITEM NUMBER	ITEM DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	1	0	11327 RX SOD CHL 0.9%EXCEL SOL 24X250ML NDC # - 00264-7800-20	35.23	CS TAX: 35.23 0.00
2	2	0	18984 MS TERUMO HYPOD 18GX15NDL 100/BX Prod Code- NN183BR	4.04	BX TAX: 8.08 0.00
1	1	0	18601 MS VENOSET LS VENT 78" W/Y 48/C6 NDC # - 00741-1545-58	61.06	CS TAX: 61.06 0.00

Comments:

NET TOTAL	104.37
GROSS TOTAL	0.00
AMOUNT DUE	104.37

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

If postmarked by 02-09-2005 Pay \$ 102.29
 If postmarked by 03-11-2005 Pay \$ 103.33
 If postmarked by 04-10-2005 Pay \$ 104.37
 If postmarked after 04-10-2005 Pay \$ 105.41
 Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

STUB NUMBER	000030075
INVOICE NUMBER	13010848927
INVOICE DATE	01-25-2005
AMOUNT PAID	\$ 104.37
DUDE DATE	04-10-2005



Please indicate payment amount and check number in the boxes provided

CHECK NUMBER
AMOUNT PAID \$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75267-6554

00003007513010848927000000010437000000041020056



P O Box 2001
Dothan, AL 36302
888-877-8430 (Phone)
334-984-2448 (Fax)
FEIN: 33-0800482

2022-1866

ADDRESS SERVICE REQUESTED

INVOICE

INVOICE NO. 13010854314

01-31-2005 1 of 1 ALPHA

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

Ship To:

HICKES, DR ROBERT
1301 TRUMANSBURG RD, STE Q
ITHACA, NY 14850-1397

ORDER DATE	ACCOUNT NUMBER	CUSTOMER NAME	SALE PERSON	SHIP TO ADDRESS	CUSTOMER PO# TERMS
320620292	A 000030075	C 000030075	OSC	DOT077	DOT020
01-31-2005	B 000030075	D 000030075	030		2% 15, 1% 45, Net 75 Days

QUANTITY	DESCRIPTION	ITEM NUMBER	UNIT PRICE	EXTENDED PRICE
2	NEULASTA 6MG/0.6ML SYR NDC # - 55513-0190-01	21618	RX EA	4776.06
2	PACITAXEL INJ 100MG MDV NDC # - 55390-014-20	25473	RX EA	100.46
6	TAXOTERE 20MG/5ML SDV 0.5ML NDC # - 00075-8C01-20	11381	RX EA	1690.32
3	ZOMETTA INJ 4MG/5ML VIAL NDC # - 00078-0387-25	23328	RX EA	2331.69

Comments:

EXPIRED 01-31-2005

8,901.53

0.00

AMOUNT DUE

8,901.53

* A Division of AmerisourceBergen Specialty Group

PLEASE RETURN THIS STUB WITH REMITTANCE, THANK YOU

1FV00A9ME:11

If postmarked by 02-15-2005 Pay \$ 8723.50
 If postmarked by 03-17-2005 Pay \$ 8812.52
 If postmarked by 04-16-2005 Pay \$ 8901.53
 If postmarked after 04-16-2005 Pay \$ 8990.54
 Terms : 2% 15, 1% 45, Net 75 Days

There will be an additional 1% charge per 30 days after the due date

STUB NUMBER	000030075
INVOICE NUMBER	13010854314
SHIP TO DATE	01-31-2005
PAYMENT CODE	\$ 8,901.53
DATE EXPIRES	04-16-2005

Please indicate payment amount and
check number in the boxes provided

CHECK NUMBER	
AMOUNT PAID	\$

Please
Remit
To:

ONCOLOGY SUPPLY
PO BOX 676554
DALLAS, TX 75287-6554

000030075130108543140000000890153000000041620056

EXHIBIT "B"

Dr. Robert Hickes

Invoice History Report for Accounts: 30075
 Invoices for the period of 01/2005 through 10/2005

Account #	Invoice #	Purchase Order #	Invoice Date	Invoice Due Date	Paid Date	Gross Invoice	Total Tax	Balance
30075	130-10827692		1/4/2005	3/20/2005		\$11,550.01	\$0.00	\$11,550.01
30075	130-10833374		1/10/2005	3/26/2005		\$9,305.87	\$0.00	\$9,305.87
30075	130-10841697		1/18/2005	4/3/2005		\$14,407.70	\$0.00	\$14,407.70
30075	130-10847488		1/24/2005	4/9/2005		\$14,728.80	\$0.00	\$14,728.80
30075	130-10848927		1/25/2005	4/11/2005		\$104.37	\$0.00	\$104.37
30075	130-10854314		1/31/2005	4/16/2005		\$8,901.53	\$0.00	\$8,901.53
						Total Outstanding Balance	\$177,253.77	
						Total	\$58,998.28	